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CONFIRMATION NO. 4972

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|---|---|-------------------------------|---|--|---------------------------------|
| SERIAL NUMBER 10/788,413 | FILING OR 371(c) DATE 03/01/2004 RULE | CLASS 514 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. 05900010AA | |
| APPLICANTS David M. Anderson, Ashland, VA; Benjamin G. Cameransi JR., Georgetown, SC; Vincent M. Conklin, Richmond, VA; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/451,249 03/04/2003 and claims benefit of 60/539,324 01/28/2004 and is a CIP of 10/170,236 06/13/2002 ABN which claims benefit of 60/300,482 06/23/2001 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/18/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u> </u> Allowance <u> </u> Examiner's Signature <u> </u> Initials <u> </u> | | STATE OR COUNTRY VA | SHEETS DRAWING 0 | TOTAL CLAIMS 82 | INDEPENDENT CLAIMS 10 |
| ADDRESS 30743 | | | | | |
| TITLE Treatment using dantrolene | | | | | |
| FILING FEE RECEIVED 2684 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |